State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Please print or type. (Form designed for use on elite (12-pitch typewriter). Department of Health Services Toxic Substances Control Division Sacramento, California UNIFORM HAZARDOUS 1. Generator's US EPA ID No. WASTE MANIFEST Manifest 2. Page 1 C A D 9 8 1 6 4 9 2 1 3 0 0 0 10 1 18 Information in the shaded areas 3 Generator's Name and Mailing Address is not required by Federal law. QUALITY FABRICATORS A. State Manifest Document Number 21045 Osborne, Canoga Park, CA 91304 4. Generator's Phone (818) 709-8505 B. State Generator's ID 5. Transporter 1 Company Name BETTERBILT CHEMICALS, INC. US EPA ID Number C. State Transporter's ID C A D 9 8 1 6 8 6 2 4 9 Transporter 2 Company Name D. Transporter's Phone E. State Transporter's ID 9 Designated Facility Name and Site Address F. Transporter's Phone US EPA ID Number OMEGA RECOVERY SERVICES G. State Facility's ID 12504 E. Whittier Blvd. CIAIDIO141212145101011 Whittier, CA 90602 H. Facility's Phone CAD042245001 213) 698-099 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. Total Quantity Weste No Туре G WASTE, FLAMMABLE LIQUID N.O.S. UN1993 NE 214 EPA/Othe R A State 0 EPA/Other State EPA/Other J. Additional Descriptions for Materials Listed Above EPA/Other K. Handling Codes for Wastes Listed Above WASH THINNER 01 15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES 16. GENEPATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have deriphined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to polyment to be economically practicable and that I have made a good waste management or minimize my waste generation and select the bost waste management method that is available to me and that I can afford. nited Typed Name Month Day Year Transporter 1 Acknowledgement of Receipt of Materials Printed Typed Name EDDIE TORRES Month Year 18 Transporter 2 Acknowledgement of Receipt of Materials i'onled Typed Name Signature Month Day Year Discrepancy Indication Space 11101111818 C 20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Signature 7.4LT DHS 8022 A (1-87) EPA 8700----White: TSDF SENDS THIS COPY TO DOH (Rev. 9-86) Previous editions are obsolete INSTRUCTIONS ON THE BACK . To. P.O. Box 3000, Socramento, CA 95812

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